NOTE: IF SELF EMPLOYED FURNISH 3 CLIENT VERIFICATIONS

APPLICANT	FILL IN (type	or print)			
				Date:	
Name:					
Address:					
City:		State:		Zip:	
LETTER OF CLIENT VERIFICATION					
The following infor	mation verifies the Co	ntractor/Con	sultant and d	luties of the above applicant for	
AEE Certification					
<u>Client</u>					
Company:				Telephone:	
Address:					
City:		State:		Zip:	
The above contractor/consultant has provided service(s) to our company from:					
	in full the responsi swer fully. Please i			nt. Attach descriptions if details.	
correct.	y knowledge, I her supply information	n:		ove information is true and	
	_		pe or print)		
	Respondent:				
Signature:				Date:	
Applicant: Pleas	se provide (3) clien	t verificatio	ons. Photo	copies are acceptable.	
	EE CERTIFICATION FLANTA, GEORGIA		25 PLEASAN	NTDALE RD. ST 420	



REQUEST FOR VERIFICATION OF EMPLOYMENT

To:	Date:
Dear	
as an Enei of the requ	ving to the Association of Energy Engineers for Certification rgy Manager. In this regard, I hereby authorize your release tested information enclosed which verifies my employment' from the period
Please fur	nish the requested information as completely as possible, and he AEE Certification Board.
circumsta	of replies will be reported by AEE, but under no neces will the information be divulged to me, or used for any accept to validate my application for Energy Manager on.
	(Signature)
Applicant	
NOTE:	IF SELF EMPLOYED FURNISH 3 CLIENT

VERIFICATIONS